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CONFIRMATION NO. 5095

Bib Data Sheet

SERIAL NUMBER 10/500,567	FILING OR 371(c) DATE 06/30/2004 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 3003-1147
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/GB03/00071 01/10/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 0200444.8 01/10/2002

*M. A. M.* 12/14/04

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 7	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>M. A. M.</i> Examiner's Signature	Initials			

**ADDRESS**

00466

**TITLE**

Medical injection devices

FILING FEE RECEIVED 460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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